Case 06-10725-gwz Doc 9395-	2 Fnt	ered 10/15/11 14:1	3:41 Pag	e 1 of 10	
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	EXRIGOFEOF CLAIM		YOUR CL	AIM IS SCHEDULED AS	
Name of Debtor	Case Number		Schedule/Claim II	o s32237	
USA Commercial Mortgage Company		25-LBR	Amount/Classifica	tion	
OGA Commercial wortgage Company	33-10/		\$72 99 Unsecured	j	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503	pense of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of		cted above constitute your claim as	
Name of Creditor and Address  PEDRO L & CAROL A BARROSO TRUST DATED 11/29/90 C/O PEDRO LUIS BARROSO & CAROL ANN BARROSO TRUSTEE 3231 CAMBRIDGESHIRE ST LAS VEGAS, NV 89146-6223  Creditor Telephone Number (702) 876 4/84	001402	to your claim Attach copy of statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the envelope sent to you by the court	scheduled by the D you agree with the other claim against this proof of claim I if the amounts sh Unliquidated or D filed If you have alre Bankruptcy Court	nebtor or pursuant to a filed claim If amounts set forth herein and have no it the Debtor you do not need to file EXCEPT as stated below own above are listed as Contingent, isputed, a proof of claim must be eady filed a proof of claim with the or BMC you do not need to file again the ISFOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies	debtor	Chack hare	CAS		
		if this claim amer	. a previously	filed claim dated	
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal	
Goods sold Personal injury/wrongful death		salaries, and compensation	(fill out below)	Other claims against servicer	
Services performed Taxes  Other (describe briefly)		digits of your SS #		(not for loan balances)	
Money loaned Other (describe briefly)	Unpaid c	ompensation for services pe	rformed from	to (date) (date)	
2 DATE DEBT WAS INCURRED		OURT JUDGMENT, DATE O			
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	best describ	e your claim and state the amou	nt of the claim at the	e time case filed	
See reverse side for important explanations  UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM			
Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority  Check this box if your claim is secured by collateral (including a right of setoff)  Brief description of collateral					
UNSECURED PRIORITY CLAIM		Real Estate		Other	
Check this box if you have an unsecured claim all or part of which is				Outer	
entitled to priority  Amount entitled to priority \$		Value of Collateral		at time as = 5 to 1 to 1	
secured claim if any \$					
Specify the priority of the claim  Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  Up to \$2 225* of deposits toward purchase lease or rental of property or					
Wages salaries or commissions (up to \$10 000)* earned within 180 days	L.,_	up to \$2 225* of deposits towa services for personal family o			
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to go	vernmental units 1	1 U S C § 507(a)(8)	
Other Specify applicable paragraph of 11 U.S.C. § 50/(a) ( )				- ,,,,	
Common to an employed periodic piant. The Good groundle(G)		* Amounts are subject to adjust with respect to cases commen			
5 TOTAL AMOUNT OF CLAIM \$ \$		\$		\$	
AT TIME CASE FILED (unsecured)	(s	ecured)	( pnority)	(Total)	
Check this box if claim includes interest or other charges in addition to the				· · · · · · · · · · · · · · · · · · ·	
<ul> <li>6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim</li> <li>7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u>, such as promissory notes, purchase orders, invoices itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary</li> </ul>					
8 DATE-STAMPED COPY To receive an acknowledgment of th proof of claim	e filing of y	our claim, enclose a stampe	ed, self addresse	d envelope and copy of this	
The original of this completed proof of claim form must be ser ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, governmental units) BY MAIL TO BMC Group	n, prevailir corporatio	ng Pacific time, on Novemlons, joint ventures, trusts a OR OVERNIGHT DELIVERY TO	per 13, 2006 and	THIS SPACE FOR COURT USE ONLY	
Attn USACM Claims Docketing Center P O Box 911	Attn USA 1330 East	.CM Claims Docketing Cente t Franklin Avenue	er ,	FILED OCT 0 4 2006	
El Segundo CA 90245 0911  DATE  SIGN and print the name and title if any of the	e creditor or	to CA 90245		USA CMC	
SIGN and print the name and title if any of the this claim (attach copy of power of attorn 1975)	ney if any)	other person authorized to file PEVRO L BARRO ARAL A BARRO	20 23	1072500318	
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonmen		SIRVE 1.		- WEXT PAGE	

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* Case 06-10725-gwz Doc 9395-		tered 10/15/11 14:1	<u>3:41 Pag</u>	e 2 of 10	
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	EXROOF CLAIM		YOUR CL		
Name of Debtor	Case Number		Schedule/Claim II		
	06-10725-LBR		Amount/Classifica	ation	
USA Commercial Mortgage Company	06-107	/23-LBH	\$5 769 23 Unsect	ured	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative ex arising after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503  Name of Creditor and Address  PEDRO L & CAROL A BARROSO TRUST DATED 11/29/90 C/O PEDRO LUIS BARROSO & CAROL ANN BARROSO TRUSTEE	of an	from the bankruptcy court or BMC Group in this case	scheduled by the D you agree with the other claim agains this proof of claim If the amounts sh	cted above constitute your claim as Debtor or pursuant to a filed claim If amounts set forth herein and have no the Debtor you do not need to file EXCEPT as stated below own above are listed as Contingent, isputed, a proof of claim must be	
3231 CAMBRIDGESHIRE ST LAS VEGAS, NV 89146 6223		Check box if this address differs from the address on the envelope sent to you by the		eady filed a proof of claim with the or BMC you do not need to file again	
Creditor Telephone Number (764) 876 4184		court		E IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies	debtor	Check here repla	a proviouely	filed claim dated	
		if this claim amer			
1 BASIS FOR CLAIM     Goods sold    Personal injury/wrongful death     Services performed    Taxes     Money loaned    Other (describe briefly)	Wages, s	penefits as defined in 11 U S salaries, and compensation of digits of your SS # compensation for services pe	(fill out below)	Unremitted principal Other claims against servicer (not for loan balances)	
	Oripaid C	ompensation for services pe	monnea mon	to (date) (date)	
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date)	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	t best describ	e your claim and state the amou	nt of the claim at the	time case filed	
UNSECURED NONPRIORITY CLAIM \$  Check this box if a) there is no collateral or lien securing your claim or b) y exceeds the value of the property securing it or if c) none or only part of you entitled to priority  UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount entitled to priority \$  Specify the priority of the claim  Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	your claim ur claim is	a right of setoff) Brief description of Real Estate Value of Collateral Amount of arrearage as	collateral  Motor Vehicle  \$  nd other charges  \$	at time case filed included in	
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)  Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Up to \$2 225* of deposits towa services for personal family o Taxes or penalties owed to go Other Specify applicable para * Amounts are subject to adjus with respect to cases commen	r household use 11 vernmental units 1 agraph of 11 U S C atment on 4/1/07 and	U S C § 507(a)(7)  1 U S C § 507(a)(8)  § 507(a) ( )  d every 3 years thereafter	
5 TOTAL AMOUNT OF CLAIM \$ \$ \$		\$		\$	
(unsecured)	•	ecured)	( priority)	(Total)	
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges  6 CREDITS. The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  7 SUPPORTING DOCUMENTS. Attach copies of supporting documents, such as promissory notes purchase orders, invoices, itemized statements of running accounts contracts, court judgments mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available explain. If the documents are voluminous, attach a summary.  8 DATE-STAMPED COPY. To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim.					
The original of this completed proof of claim form must be ser ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, governmental units) BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245 0911  DATE  SIGN and print the name and title if any of the this claim (attach copy of power of attorn	n, prevailin corporatio BY HAND C BMC Grou Attn USA 1330 East El Segund e creditor or c ley if any)	ng Pacific time, on Novembers, joint ventures, trusts and CR OVERNIGHT DELIVERY TO UP CM Claims Docketing Center Franklin Avenue (o, CA 90245)	ner 13, 2006 Ind r	THIS SPACE FOR COURT USE ONLY USA CMC IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment		gars of oth 18USC §§ 152	2 AND 3571	TOO NEXT PAGE	

702 876 4184

FORM B10 (Chical Form 10) (10/05)						
United States Bankruptcy Court District of Nevada (Las Vegas)						PROOF OF CLAIM
Name of Debtor USA Commercial	ame of Debtor USA Commercial Mortgage Company		Case Number 06-10725LBR			
NOTE This form should of the case A "request"	not be used to make a claim for an administ for payment of an administrative expense ma	rative ex iy be file	xpense arising after ed pursuant to 11 U	the commencem S C § 503	nent	
debtor owes money or pr	person or other entity to whom the coroperty)  Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.					
& Trust Name and address where	anotrope chould be cent	□ Ch	neck box if you have			
c/o Scott D Fleming, Es Hale Lane Peek Dennisc 3930 Howard Hughes Pa	q on and Howard	cas	neck box if the addres	ss differs from the		
Las Vegas Nevada 8916	59		dress on the envelope court	e sent to you by		
Telephone number 702	-222-2500 nt or other number by which creditor	Check	k here	replaces		THIS SPACE IS FOR COURT USE ONLY
identifies debtor Ac	count ID 308	if this	claım	amends	a previo	ously filed claim, dated
1 Basis for Claim			fill out b  erformed	elow)		
2 Date debt was incur	rred See Attachment A	3 If	(date) court judgment, d	(date)	)	
2 Pate debt was meet	Teu See Attachment A		court judgment, o			
4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed  See reverse side for important explanations  Secured Claim						
See reverse side for important explanations  Secured Claim  Unsecured Nonpriority Claim \$\( \text{Unknown (see Attachment A)} \)						
a) Check this box if a) there is no collateral or lien securing your claim, or b) Your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority    Check this box if your claim is securing it or if c) none or a right of setoff)    Brief Description of Collateral					ed by collateral (including	
Unsecured Priority Cla						Other
Check this box if you have an unsecured claim, all or part of which is entitled to priority  Amount of arrearage and other charges secured claim, if any \$				tume case filed included in		
Specify the priority of th	•		[] Un to \$2,225	* of deposits toy	vard mur	chase, lease, or rental of property
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  Optio 32,225 of deposits toward p or services for personal, family, or 1 § 507(a)(7)						
Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's  *Amounts are subject to adjustment of				ent of 4/.	1/07 and every 3 years thereafter	
_	arlier — 11 U S C § 507(a)(4) employee benefit plan — 11 U S C § 507(a)	)(5)	with respect to c	ases commenced	i on or aj	fter the date of adjustment
5 Total Amount of Cla	nim at Time Case Filed		\$ <u>Unknown</u>			\$ Unknown
(unsecured) (secured) (priority) (Total)  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges					• • • • • • • • • • • • • • • • • • • •	
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of						THIS SPACE IS FOR COURT USE ONLY
making this proof of claim  7 Supporting Documents Attach copies of supporting documents, such as promissory notes purchase orders invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of hen DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary						FILED NOV 1 3 2006
8 Date-Stamped Copy To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim						USA CMC
Date Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)					1072500844	
November 9, 2006 /s/ Scott D Fleming, Esq						

Case 06-10725-gwz Doc 9395		<u>tered 10/15/11 14:</u>	13:41 Pac	<u>je 4 of 10</u>	
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	EXH(	EXHOROFROF CLAIM		AIM IS SCHEDULED AS	
Name of Debtor	Case Nu	Case Number		s32476	
USA Commercial Mortgage Company	l .	725-LBR	Amount/Classifica	tion	
OOA Commercial Mortgage Company	100-107	rav im⊎l i	\$2 039 24 Unsecu	red	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request for payment of an administrative expense may be filed pursuant to 11 U S C § 503  Name of Creditor and Address		Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If		
STEPHEN FAMILY TRUST DATED 3/22/84 C/O ROY M STEPHEN & CAROL J STEPHEN TRUSTEES 1214 YUCCA CIR		Check box if you have never received any notices from the bankruptcy court or BMC Group in this case	other claim against this proof of claim E If the amounts sho	amounts set forth herein and have no the Debtor you do not need to file EXCEPT as stated below own above are listed as Contingent, sputed, a proof of claim must be	
ST GEORGE, UT 84790 7551		Check box if this address differs from the address on the envelope sent to you by the	filed  If you have alre Bankruptcy Court of	ady filed a proof of claim with the or BMC you do not need to file again	
Creditor Telephone Number (435 - 67 4 - 5 42)  Last fou dig ts of account or other number by which creditor identifies	s debtor	court	<b></b>	E IS FOR COURT USE ONLY	
3206	o devidi	Check here repla of this claim amer	<ul> <li>a previously</li> </ul>	filed claim dated	
1 BASIS FOR CLAIM	Retiree b	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal	
Goods sold Personal injury/wrongful death Services performed Taxes		salaries and compensation	(fill out below)	Other claims against servicer (not for loan balances)	
Money loaned Other (describe briefly)		r digits of your SS #	who won and from		
	Unpaid d	compensation for services pe	rrormed from	to (date) (date)	
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date) (date)	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	t best describ	pe your claim and state the amou	nt of the claim at the	time case filed	
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM			
Check this box if a) there is no collateral or lien securing your claim or b) your claim  Check this box if your claim is secured by collateral (including					
exceeds the value of the property securing it or if c) none or only part of yo entitled to priority	our claim is	a right of setoff)  Brief description of	collateral		
UNSECURED PRIORITY CLAIM		Real Estate		Other	
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral			
Amount entitled to priority \$			· ———	at time case filed included in	
Specify the priority of the claim		secured claim if any	\$		
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits towa	rd purchase lease	or rental of property or	
Wages salaries or commissions (up to \$10 000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	<u> </u>	services for personal family o	r household use 11	USC § 507(a)(7)	
business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to gov  Other Specify applicable para			
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	<b>L</b>	* Amounts are subject to adjus	tment on 4/1/07 and	every 3 years thereafter	
5 TOTAL AMOUNT OF CLAIM \$ \$	127.	854.98\$	ced on or after the d	ate of adjustment \$ \27,85 <b>6.9</b> 8	
(unsecured)  Check this box if claim includes interest or other charges in addition to t	•	secured) amount of the claim Attach ite	( priority) mized statement of	(Total) fall interest or additional charges	
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim					
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices itemized statements of running accounts contracts, court judgments, mortgages security agreements and evidence of perfection of lien <u>DO NOT SEND ORIGINAL</u>					
DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary  8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self addressed envelope and copy of this proof of claim.					
The original of this completed proof of claim form must be set ACCEPTED) so that it is actually received on or before 5 00 pr for each person or entity (including individuals, partnerships,	n, prevailir	ng Pacific time, on Novemb	per 13, 2006 and	THIS SPACE FOR COURT USE ONLY	
BMC Group			FI FO OCT 3 1 2006		
Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 00045 0011	1330 East	CM Claims Docketing Cente t Franklin Avenue	r		
El Segundo CA 90245-0911  DATE  SIĞN And print the name and title if any of the		do CA 90245 other person authorized to file		USA CMC	
10/24/06 Ins claum (attach copypt power of attorney if any) Large (A. Stenhan)					
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonmen	nt f <b>eziXib</b> bly	Mals or Both 18/05C §§ 152	AND 3571		

## Case 06-10725-gwz Doc 9395-2 Entered 10/15/11 14:13:41 Page 5 of 10 Case 06-10725-lbr Clair XH4HB|TFBed 11/16/06 Page 1 of 8

THE STATE OF THE PROPERTY OF T	ES BANKRUPTCY COURT RICT OF NEWADA	PRO	OF OF CLAIM		
\$4.50 AC.4					
Name of Debtor:	- · · · · · · · · · · · · · · · · · · ·	Case Number:			
	id mornage Company	06-	10725-LBR		
	t of Debtors and Case Numbers. / d to make a claim for an administrative	expense	Check box if you are		
arising after the commencer	nent of the case. A "request" for payme be filed pursuant to 11 U.S.C. § 503.	ent of an	aware that anyone else has filed a proof of claim relating to	<b>J</b>	
Name of Creditor and			your claim. Attach copy of statement giving particulars.	l	
THM STERLI	116		Check box if you have never received any notices		
213 Rayal	Aberdeen Wy NV 8944		from the bankruptcy court or BMC Group in this case.		IS PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT STORS.
			Check box if this address differs from the address on the envelope sent to you by the court.	Bankruptcy Court	rady filed a proof of claim with the or BMC, you do not need to file again.
Creditor Telephone Number	100 756 -9889 rother number by which creditor identif	fies debtor		<u> </u>	E IS FOR COURT USE ONLY
4936,4214	-FIESTA DAY VALLEY	ics oculos.	Check here replace or or armen	a previously	filed claim dated:
1. BASIS FOR CLAIM Goods sold	Personal injury/wrongful death	Retiree b	enefits as defined in 11 U.S.	C. § 1114(a)	Unremitted principal
Services performed	Taxes		alaries, and compensation (	fill out below)	Other claims against servicer (not for loan balances)
Money loaned	Other (describe briefly)		digits of your SS #: ompensation for services per	riormed from:	to
		Onput of	origination in derived per		(date) (date)
2. DATE DEBT WAS INCU			XURT JUDGMENT, DATE O		
4. CLASSIFICATION OF CL See reverse side for important	AML Check the appropriate box or boxes at explanations.	s that best descrit		unt of the claim at t	ne time case filed.
UNSECURED NONPRIORI			SECURED CLAIM	over ataire is assure	ad by an Universit Graphydina
	is no collateral or lien securing your claim, o		a right of setoff).	DUF CHANNI IS SECUI	ed by collateral (including
entitled to priority.	property securing it, or if c) none or only part	OF YOUR CHEMINS	Brief description of	collateral:	
UNSECURED PRIORITY C			Real Estate	Motor Vehicle	Other
Check this box if you have entitled to priority.	an unsecured claim, all or part of which is		Value of Collateral:	s unk	NOWN
Amount entitled to priority	\$		Amount of arrearage ar	-	at time case filed included in
Specify the priority of the o	daim:		secured claim, if any:		
Domestic support obligation	ons under 11 U.S.C. § 507(a)(1)(A) or (a)(1)	(B)	Up to \$2,225° of deposits town		
	issions (up to \$10,000)*, earned within 180- ptcy petition or cessation of the debtor's	days	services for personal, family, or Taxes or penalties owed to go		* 1777
	ntier - 11 U.S.C. § 507(a)(4).	H	Other - Specify applicable para		•
Contributions to an employ	yee benefit plan - 11 U.S.C. § 507(a)(5).	****	* Amounts are subject to adjus	stment on 4/1/07 an	d every 3 years thereafter
5. TOTAL AMOUNT OF CL	AM \$	\$ 50.000	with respect to cases commen	ced on or after the	
AT TIME CASE FILED:	(unsecured)	- July	scured)	( priority)	_\$ 50,600
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
	of all payments on this claim has been				
7. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of numining accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, exptain. If the documents are voluminous, attach a summary.					
proof of claim.	PY: To receive an acknowledgment of				
ACCEPTED) so that it is for each person or entit	npleted proof of claim form must be s actually received on or before 5:00 ty (including individuals, partnershi	) pm, prevailing	g Pacific time, on Novembe	ег 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units). BY MAIL TO:			OR OVERNIGHT DELIVERY TO	k:	
BMC Group Attn: USACM Claims Do	cketing Center	BMC Grou Attn: USA	ip CM Claims Docketing Cente	r	
P. O. Box 911	•	1330 East	Franklin Avenue		
El Segundo, CA 90245-0	SIGN and print the name and title, if any,		o, CA 90245 other person authorized to file		
10/26/06	this claim (attach copy of power of	attorney, if any):			
10108100	Durch lon	S	TERLING TOW	1	

		IDI I D		
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PR	OOF OF CLAIM		
Name of Debtor	Case No	Case Number		
USA Commercial Mortgage Company	06-	10725-LBR		
NOTE: See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative ex arising after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503		Check box if you are aware that anyone else has filed a proof of claim relating to		
Name of Creditor and Address		your claim. Attach copy of statement giving perficulars.		
TOM, STERLING		Check box if you have never received any notices		
213 Royal Aberdeen Wy		from the bankruptcy court or BMC Group in this case.		HS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
Lus Vegus, NV 89144		Check box if this address differs from the address on the envelope sent to you by the		BTORS. ready filed a proof of claim with the tor BMC you do not need to file again
Creditor Telephone Number (\$7) 150-9884		court.	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies 4936,4214 - Placere Vineyands	Video	Check here replace if this claim amen	a previously	y filed claim dated:
1 BASIS FOR CLAIM	Retiree I	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes		salaries, and compensation (	ill out below)	Other claims against service (not for loan balances)
Money loaned Other (describe briefly)		r digits of your SS #: compensation for services per	formed from	,
				to(date)
2. DATE DEBT WAS INCURRED- 4 CLASSIFICATION OF CLASE. Check the appropriate box or boxes the		OURT JUDGMENT, DATE O		
See reverse side for important explanations.		SECURED CLAIM	NX OF SHE CHEER (C.)	rie mno case mod.
UNSECURED NONPRIORITY CLAIM \$	<b>.</b>		our claim is secu	red by collateral (including
Check this box if a) there is no colleteral or lien securing your claim, or by exceeds the value of the property securing it, or if c) none or only part of y		a right of setoff)		
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of	_	_
Check this box if you have an unsecured claim all or part of which is		Real Estate		
entitled to pnority  Amount entitled to pnority \$		Value of Collateral	\$ Unkn	
Specify the priority of the claim:		Amount of arrearage an secured claim if any: \$		at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225° of deposits town	rd purchase lease	or rental of property or
Wages, salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	•	services for personal, family or	r household use -1	1 U S C § 507(a)(7)
business, whichever is earlier - 11 U S C § 507(a)(4).	F	Taxes or penalties owed to gov Other - Specify applicable para		
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	<b>L</b>	* Amounts are subject to adjus	iment on 4/1/07 as	od every 3 years thereafter
5. TOTAL AMOUNT OF CLAIM \$ \$	25,000	with respect to cases common	ced on or after the	date of adjustment.
AT TIME CASE FILED (unsecured)	7	ecured)	( priority)	(Total)
Check this box if claim includes interest or other charges in addition to t	he principal	amount of the claim. Attach iter	nized statement o	f all interest or additional charges.
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS: <u>Attach conies of supporting doc</u> running accounts, contracts court judgments, mortgages, security DOCUMENTS If the documents are not available, explain. If the	uments, su agreement	ich as promissory notes, purc s, and evidence of perfection	hase orders, inv of lien. DO NO	oices, itemized statements of
8. DATE-STAMPED COPY To receive an acknowledgment of the proof of claim.		_	-	envelope and copy of this
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships of	ı, prevailin	g Pacific time, on Novembe	r 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAL TO- BMC Group		OR OVERNIGHT DELIVERY TO		NAMA & SARK
Attn USACM Claims Docketing Center		CM Claims Docketing Center	FILE	NOV 0 6 2006
P O Box 911 El Segundo CA 90245 0911		Franklin Avenue to CA 90245		
DATE SIGN and print the name and title, if any of the	re creditor or		<sup>1</sup>	USA CMC
10/26/06 STING UN TOM	cy = 4417)	STERLING	TOM	1072500996
		- 10-0110-7	1-	

Doc 9395-2 Page 7 of 10 <u>ntered 10/15/11 14:13:41</u> FUHM BIU (UTICIZI FORM 10) (10/05) - GWZ UNITED STATES BANKRUPTCY COURT DISTRICT OF PROOF OF CLAIM Name of Debtor Case Number USA COMMERCIAL MORTGAGE Co. 06-10725 NOTE. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503 Name of Creditor (The person or other entity to whom the Check box if you are aware that anyone dubtor owes money or property) else has filed a proof of claim relating to your claim Attach copy of statement NORMAN TEETER giving particulars ☐ Check box if you have never received any Name and address where notices should be sent notices from the bankruptcy court in this 10/20 S. EASTERN : Check box if the address differs from the HENDERSON, NV 89052 address on the envelope sent to you by THIS SPACE IS NOR COURT USE ONLY Telephone number (702) 492-127/ the court. Last four digits of account or other number by which creditor Check here replaces ( ONE of THO) identifies debtor if this claim 📋 amends a previously filed claim, dated 1 **Basis for Clarm** GENERAL UNSECURED | Chaim - CLASS 4 Retiree benefits as defined in 11 USC § 1114(a) Goods sold Wages, salaries, and compensation (fill out below) Services performed Last four digits of your SS # П Unpaid compensation for services performed Money loaned Personal injury/wrongful death Taxes NEGLICENCE & FRAUD (date) (date) Other -JAN 1,2005 Date debt was incurred If court judgment, date obtained 2006 4 Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations Secured Claim Unsecured Nonpriority Claim 5 /36 Check this box if your claim is secured by collateral (including Check this box if a) there is no collateral or lien securing your claim, or a right of setoff) b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority Brief Description of Collateral ☐ Real Estate ☐ Motor Vehicle Other Unsecured Priority Claim Value of Collateral \$\_ Check this box if you have an unsecured claim all or part of which is entitled to priority Amount of arrearage and other charges at time case filed included in Amount entitled to priority \$\_ secured claim if any \$\_ Specify the priority of the claim ☐ Up to \$2 225\* of deposits toward purchase, lease, or rental of property or services for personal family or household use - 11 U S.C. ☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or § 507(a)(7) (a)(I)(B) ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) Wages, salaries or commissions (up to \$10 000),\* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor s business whichever is earlier 11 USC § 507(a)(4) Other - Specify applicable paragraph of II USC § 507(a)(\_ \*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) 136 Total Amount of Claim at Time (ase Filed 6,246 (unsecured) (secured) (Total) (рпопту) ☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. 6. Credits The amount of all payments on this claim has been credited and deducted for the purpose of THE SPACE IS IT COURT USE ONLY making this proof of claim Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders invoices itemized statements of running accounts, contracts court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the FILED BEE & B 2006 documents are not available explain. If the documents are voluminous attach a summary Date-Stamped Copy To receive an acknowledgment of the filing of your claim enclose a stamped, selfaddressed envelope and copy of this proof of claim Date Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) BAD# 1980 USA CMC EPOME. ATTY FOR CLAIMANT

Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.

Entered 10/15/11 14:13:41 (HIBIT R Case 06-10725-gwz Doc 9395-2 Page 8 of 10 FORM 810 (Official Form 10) (10/05) UNITED STATES BANKRUPTCY COURT DISTRICT OF Nevada PROOF OF CLAIM Name of Dubtor Case Number 06-10725 USA ommercia NOTI- This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request for payment of an administrative expense may be filed pursuant to 11 USC § 503 Name of Creditor (The person or other entity to whom the Check box if you are aware that anyone dibior owes money or property) Gerry Topp, a married man dealing withins else has filed a proof of claim relating to your claim Attach copy of statement giving particulars Check box if you have never received any Name and address where notices should be sent notices from the bankruptcy court in this Gerry Topp 10745 W. River St Trucker, CA 96161 case Check box if the address differs from the address on the envelope sent to you by THIS SPACE IS FOR COURT USE ONLY Telephone number the court. Check here replaces Last four digits of account or other number by which creditor amends a previously filed claim dated identifies debtor if this claim Retiree benefits as defined in 11 USC § 1114(a) **Basis** for Claim Wages salaries, and compensation (fill out below) Goods sold Last four digits of your SS # Services performed Unpaid compensation for services performed Money loaned Personal injury/wrongful death Taxes (datc) (date) Other If court judgment, date obtained Date debt was incurred 200 I 4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed, See reverse side for important explanations Secured Claim Unsecured Nonpriority Claim 5 260, 703, 10 Check this box if your claim is secured by collateral (including Check this box if a) there is no collateral or lien securing your claim or your claim exceeds the value of the property securing it, or if c) none or a right of setoff) only part of your claim is entitled to priority Brief Description of Collateral Real Estate | Motor Vehicle Other. Unsecured Priority Claim Value of Collateral S Un knowing Check this box if you have an unsecured claim all or part of which is entitled to priority Amount of arrearage and other charges at time case filed included in secured claim if any \$ 4,231,86 Amount entitled to priority \$\_ Specify the priority of the claim Up to \$2 225\* of deposits toward purchase, lease, or rental of property or services for personal family or household use 11 USC Domestic support obligations under 11 USC \$ 507(a)(1)(A) or § 507(a)(7) (a)(1)(B)Taxes or penalties owed to governmental units 11 USC § 507(a)(8) Wages salaries, or commissions (up to \$10,000),\* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor s business, whichever is earlier - 11 U S C § 507(a)(4) Other - Specify applicable paragraph of 11 USC § 507(a)(\_ \*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. Contributions to an employee benefit plan - 11 U S C \$ 507(a)(5) \$260, 703,10 260, 703,10 Total Amount of Claim at Time Case Filed <u> 260, 703,1</u>0 (unsecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges The amount of all payments on this claim has been credited and deducted for the purpose of THIS SPACE IS FOR COURT USE ONLY making this proof of claim Supporting Documents. Attach copies of supporting documents such as promissory notes purchase orders invoices itemized statements of running accounts, contracts court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the

8. Date-Stamped Copy To receive an acknowledgment of the filling of your claim, enclose a stamped selfaddressed envelope and copy of this proof of claim Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

Date

documents are not available explain. If the documents are voluminous, attach a summary

Penalty for presenting fraudulent claim. \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§

FILED JAN 22 2007

FOR WE BTO (Official Portifi To) (T0/03)		
United States Bankrupicy Court	DISTRICT OF NEVADA	PROOF OF CLAIM
Name of Debtor USA COMMERCIAL MORTGAGE COMPANY	THOS: OF SERVIN	
NOTE This form should not be used to make a claim for an administrative expense ma		
Name of Creditor (The person or other entity to whom the dubtor owes money or property)  WILLIAM C. WALLACE III & ANNA MARIE K WALLACE  Name and address where notices should be sent Christopher D Jaime, Esq.  Maupin, Cox & LeGoy	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  Check box if you have never received any notices from the bankruptcy court in this case.  Check box if the address differs from the	
P O. Box 30000, Reno, NV 89520 Telephone number (775) 827-2000	address on the envelope sent to you by the court	THIS STACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Check here replaces  If this claim replaces  a previously file	d claim dated
1 Basis for Claim  ☐ Goods sold ☐ Services performed ☑ Money loaned ☐ Personal injury/wrongful death ☐ Taxes ☐ Other	Retiree benefits as defined in I Wages salaries and compensa Last four digits of your SS # _ Unpaid compensation for serv fromt (date)	tion (fill out below) ices performed
2 Date debt was incurred 12/2002	3 If court judgment, date obtained	
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations  Unsecured Nonpriority Claim \$	Secured Claim (Ame sbur a right of setoff)  Brief Description of Collatera Real Estate Motor Value of Collateral Sun Amount of arrearage and other char secured claim, if any Survey Sor Sor(a)(7)  Taxes or penalties owed to government or services for personal family or how sor services for personal family or how some services fo	ry/Hatters Point) s secured by collateral (including all vehicle Other————————————————————————————————————
6 Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts contributed.	nents, such as promissory notes, purchase acts court judgments, mortgages, security	THIS SPACE IS FOR COURT USE ONLY
agreements, and evidence of perfection of lien DO NOT SEN documents are not available, explain If the documents are volu  8 Date-Stamped Copy To receive an acknowledgment of the f addressed envelope and copy of this proof of claim  Date Sign and print the name and title, if any, of file this claim (attach copy of power of atto-	iminous, attach a summary iling of your claim, enclose a stamped, self- the creditor or other person authorized to	FILED OCT 1 8 20
10/18/06 Christopher D. Jaime, Esq		USA CMC

Penulty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years, or both 18 U 1072500517

<b>гоны вти (отпадавата вой (ОТА) 25</b> -gwz Doc 9395	- <u>2</u> En	tered 10/15/11 14:13:42	L Page 10 of 10
UNITED STATES BANKRUPTCY COURT		TRICT OF NEVADA	PROOF OF CLAIM
Name of Debtor USA COMMERCIAL MORTGAGE Co.		Number 06-10725	PROOF OF CLAIM
NOTE. This form should not be used to make a claim for an administrative expense many of the case. A request for payment of an administrative expense many of the case.	strative exp ay be filed	pense arising after the commencement pursuant to 11 U.S.C. \$ 503	1
Name of Creditor (The person or other entity to whom the dubtor owes money or property)	else	eck box if you are aware that anyone has filed a proof of claim relating to ir claim. Attach copy of statement	
RUDILE (VINKLER FLA)  Name and address where notices should be sent  ROBERT C. LEPOME	☐ Che	ing particulars eck box if you have never received an ices from the bankruptcy court in th	
10/20 S. EASTERN # 200 HENDERSON, NV 89052 Telephone number (702) 492-127/	add	eck box if the address differs from the fress on the envelope sent to you by	THIS SPACE IS HIR COURT USE CHEV
Last four digits of account or other number by which creditor identifies debtor /3/ (one of two)	Che	court.  cck here  replaces  as claim  amends a previously	filed claim dated
1 Basis for Claim  Goods sold Services performed Money loaned Personal injury/wrongful death	50.305 F		n II USC § 1114(a) nsation (fill out below) #
Other NEGLICENCE & FRAUD		(date)	(date)
2. Date debt was incurred. JAN 1,2005 To APRIL 12, 2006	3.	If court judgment, date obtain	ned
4 Classification of Claim. Check the appropriate box or boxes the Sec reverse side for important explanations.  Unsecured Nonpriority Claim \$ 80,474		Secured Claim	ont of the claim at the time case filed
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority	r claim, or none or	Brief Description of Colla	
Unsecured Priority Claim		☐ Real Estate ☐ Mot Value of Collateral \$	or Vehicle Other
Check this box if you have an unsecured claim all or part of ventitled to priority	vhich is		harges <u>at time case filed</u> included in
Amount entitled to priority \$	_		purchase lease or rental of property
Specify the priority of the claim  Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) of (a)(1)(B)	or	or services for personal, family or § 507(a)(7)	household use - 11 U S C.
☐ Wages, salaries, or commissions (up to \$10 000) * earned with days before filing of the bankruptcy petition or cessation of the debt business whichever is earlier - 11 U S C § 507(a)(4)	n I80 □	Other - Specify applicable paragra	mental units - 11 U S C § 507(a)(8)  ph of 11 U S C § 507(a)()  4/1/07 and every 3 years thereafter
☐ Contributions to an employee benefit plan - 11 U S C. § 507(a		mounts are subject to adjustment on with respect to cases commenced t	
5 Total Amount of Claim at Time Case Filed	\$	90,474	80,474
☐ Check this box if claim includes interest or other charges in additional charges	dition to th	(unsecured) (secured) ne principal amount of the claim A	(priority) (Total) tach itemized statement of all
<ol> <li>Credits The amount of all payments on this claim has beer making this proof of claim</li> </ol>	credited	and deducted for the purpose of	THIS SPACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts, contral.			PE WATER
agreements and evidence of perfection of hen DO NOT SEN	FILED DEC 1 1 200		
documents are not available, explain If the documents are volu  8 Date-Stamped Copy To receive an acknowledgment of the fi addressed envelope and copy of this proof of claim	LILLU		
Date Sign and print the name and title if any, of	. ~ .		
12/10/06 ROBERT C. LEPOME		OR CLAIMANT	USA CMC
KOBERT C. LETOME,	4114	TOK CLAIMANT	

Penalty for presenting fraudulent claim. Fine of up to \$500 000 or imprisonment for up to 5 years or both 18 USC §